

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38615**

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		<u>0272</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At home, 1316 Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>1316 Main St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frances</u>		b. (Middle) <u>Murdock</u>		c. (Last) <u>Randel.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>November 20 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 11 1871</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days <u> </u>		IF UNDER 1 HS. Hours Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Murdock</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Willia A. Randel.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. G. Randel, Boonville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's Disease</u>		19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		<u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>11-18-53</u> to <u>11/20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-20-1953</u> , and that death occurred at <u>11:50</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>				23b. ADDRESS <u>329 Main St., Boonville Mo</u>		23c. DATE SIGNED <u>11-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>11/21/53</u>		REGISTRAR'S SIGNATURE <u>Hooper 3812</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed G. F. Bolter

Licensed Embalmer No. 3067

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.